

Name
in
Full

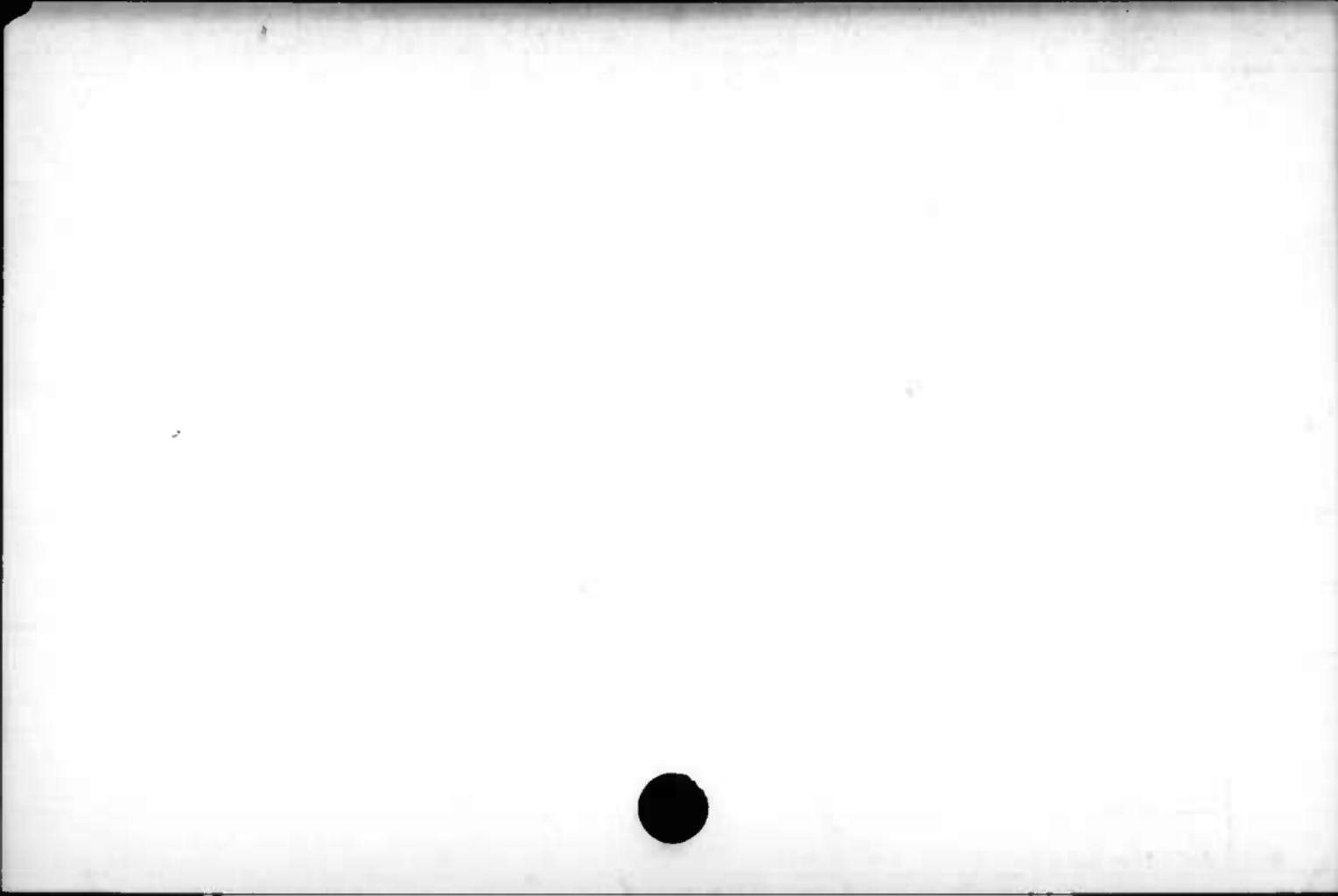
To BE ANSWERED BY
NEAREST FRIEND

Cazoline Dzorow				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Chesterfield	Anne Arundel						
Date of death 1903	Month November	Day 10	Age 40	Years	Months	Days	
Sex female	Color or Race Black			Birth- place	Chesterfield		
Occupation House Wife		Where Residing if not at place of death					
Married, <u>S</u> <u>W</u> idow	Natural Wife of Husband	Moses Brown		Father's Birthplace	Chesterfield		
Father's Name Herbert Parker	X			Mother's Birthplace	1906		
Mother's Maiden Name Elizabeth Bradford				How related to deceased	Friend		
Name of person giving Information James E. Lullen							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arterio articular rheumatism	How long	3 days
Immediate	Heart failure	How long	Inhalation
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. Dr. Bois MD
		Address	Garrisonville
Accident or Suicide?			Old



Name
in
Full

Elsie Burges

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1903	Nov	22	Age		13
Sex	Color or Race	Where Residing if not at place of death			
Gressale	White	South River			
Occupation		South River			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Burges		Father's Birthplace	South River	
Mother's Maiden Name	Elsie Kirby		Mother's Birthplace	A. A. Co.	
Name of person giving information	Sallie Kirby		How related to deceased	Grandmother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Meningitis

Immediate
Convulsions

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Collinson

South River

Accident or Suicide?

Md



Name
in
Full

James A. Butts

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	a. a -		County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1903	Nov.	30	51			
Sex	Male	Color or Race	White	Birth- place	A. A. Co. Md	
Occupation	Laborer	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Maggie	Father's Name	Montgomery Co.	
Father's Name	John W. Butts		X	Mother's Name	Annapolis	
Mother's Maiden Name	Sarah E. Popham			How related to deceased	None	
Name of person giving Information	Ed. L. Carroll					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma of face

How long

2 yrs -

Immediate

Bon ait

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes -

Signature of
Physician

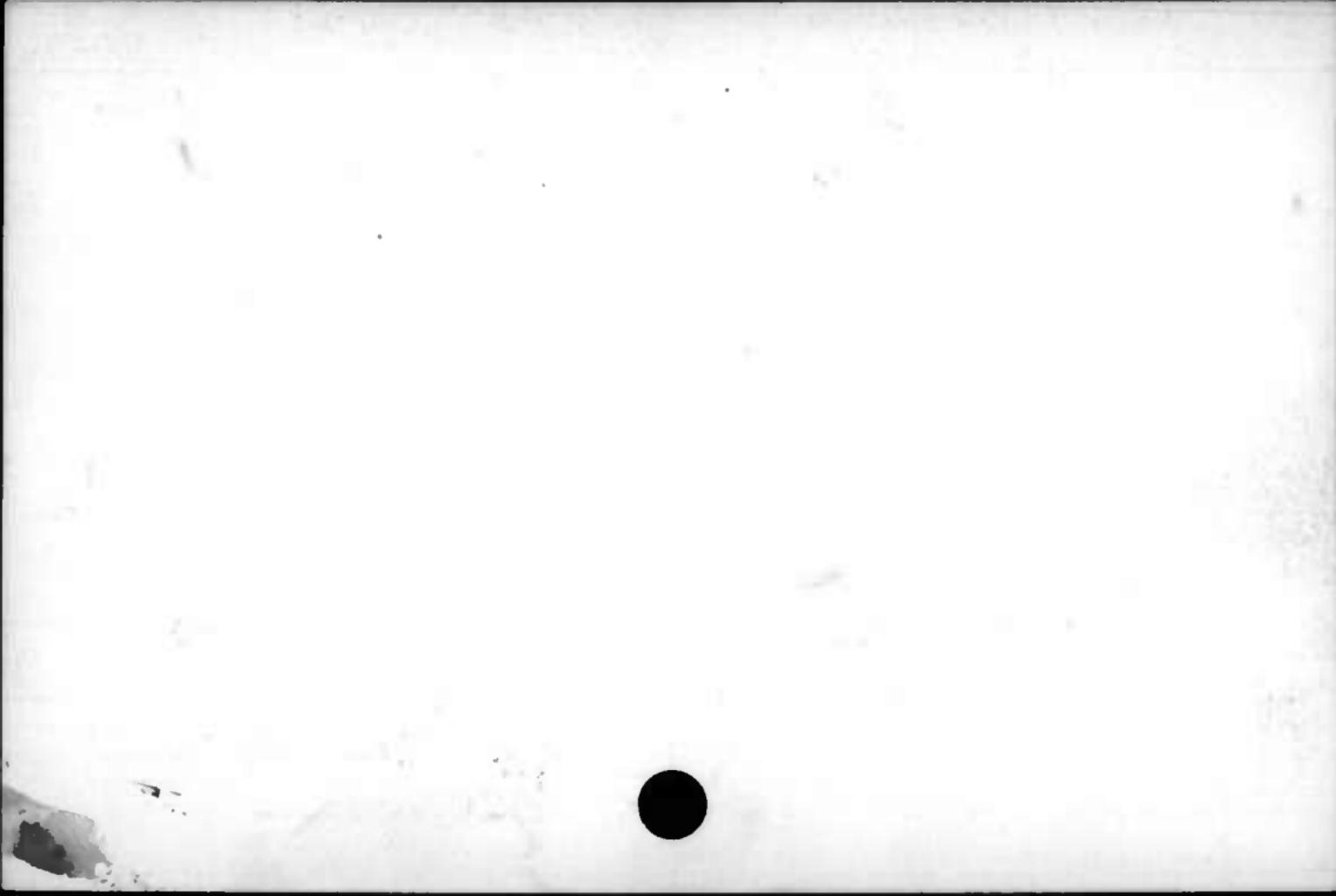
Address

A. J. Blaust

Millersville

Md

Accident or Suicide?



Name
in
Full

Cawley Osborn Crane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
WaterburyCounty
Anne Arundel

MARYLAND

Date
of death 190

3

Month
JoveDay
6

Years

Months
10

Days

Age

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Married, Single
or Widowed

Occupation

105

Name of Wife or
HusbandFather's
Name

John C. Crane

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Emily E. Livering

Mother's
Birthplace

Baltimore

Name of person giving
Information

John C. Crane

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteric Colitis

How long

3 wks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. J. Gantz

Millersville MD

Accident or Suicide?

2



Name
in
Full

Nellie Gardener

CERTIFICATE OF DEATH

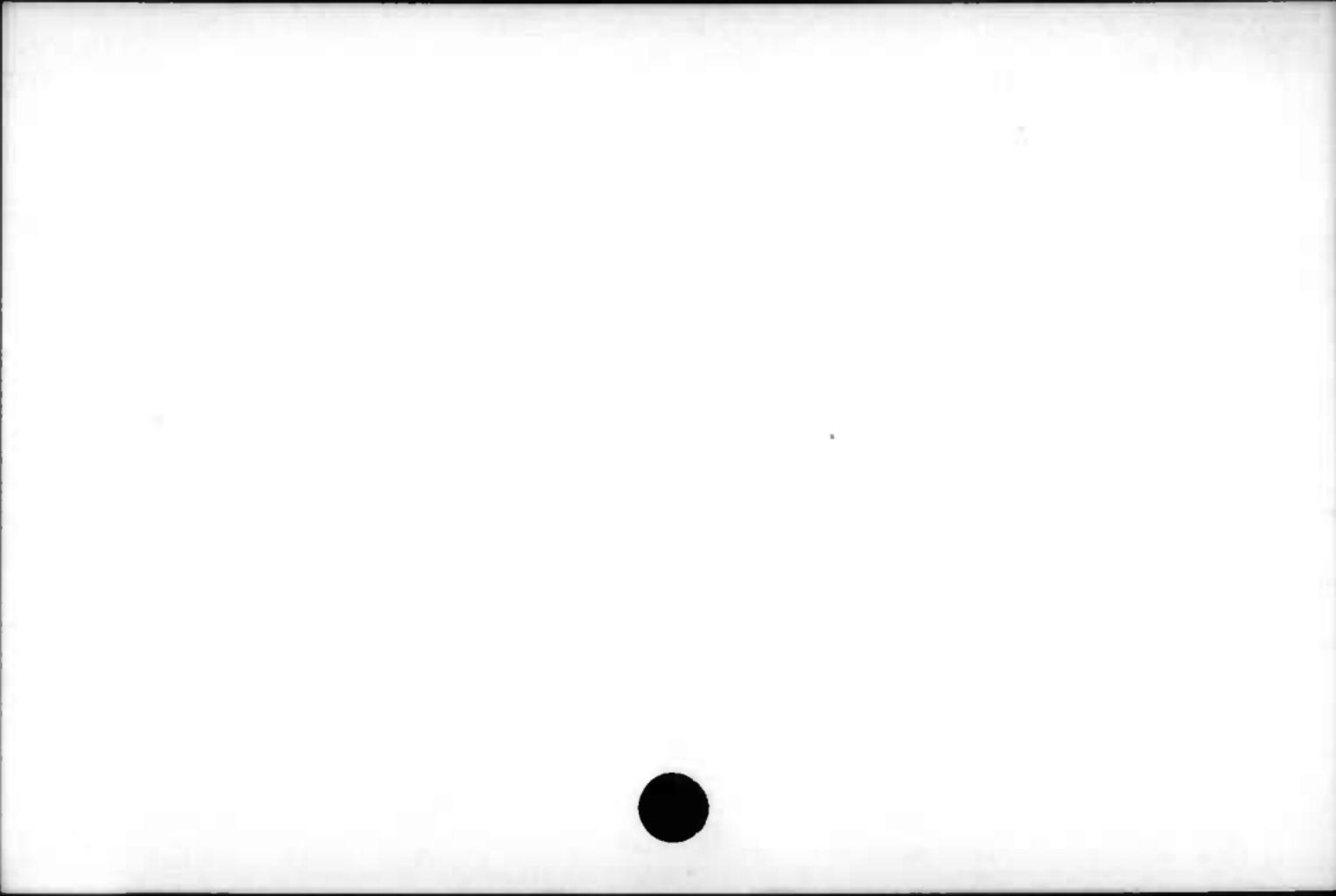
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death	Birth-place	
Married, Single or Widowed	Name of Wife or Husband	South River	
Father's Name	Wesley Gardener	Father's Birthplace	A.C. Co.
Mother's Maiden Name	Thomas Tucker 93	Mother's Birthplace	A.C. Co.
Name of person giving information	John Tucker	How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	6 days
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Collinson
		Address	South River
Accident or Suicide?			Md



Name
in
Full

Emma B. Gaur

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County			
Died at	Annapolis		Anne Arundel		MARYLAND	
Date of death	1903	Month Nov	Day 8	Years 25	Months	Days
Sex	Female		Color or Race	Colonial		
Married, Single	Widow Single		Occupation	School Teacher		
Name of Wife or Husband						
Father's Name	A. B. P. Gaur		Father's Birthplace	Pennsylvania		
Mother's Maiden Name	Hester Gaur		Mother's Birthplace	Annapolis		
Name of person giving information	J. A. Adams		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

15 yrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

(Murphy -
Annapolis MD)

Accident or Suicide?

Dr Murphy
will please fill this
out for Emma B. Gavor
& oblige J.A. Adams

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <i>Watertown</i>		County <i>Anne Arundel</i>	MARYLAND		
Date of death <i>1903</i>	Month <i>Nov.</i>	Day <i>8</i>	Age <i>89</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>A. A. Co. Md.</i>			
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>Henry Atter Grey</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jos. M. Grey</i>	Father's Birthplace <i>A. A. Co.</i>			
Father's Name <i>Mrs. M. Grey</i>	Mother's Birthplace <i>" "</i>				
Mothers Maiden Name <i>not known</i>	How related to deceased <i>Son</i>				
Name of person giving Information <i>Jos. Grey Jr.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis Chronic

How long

3 mos.

Immediate

Exhaustion

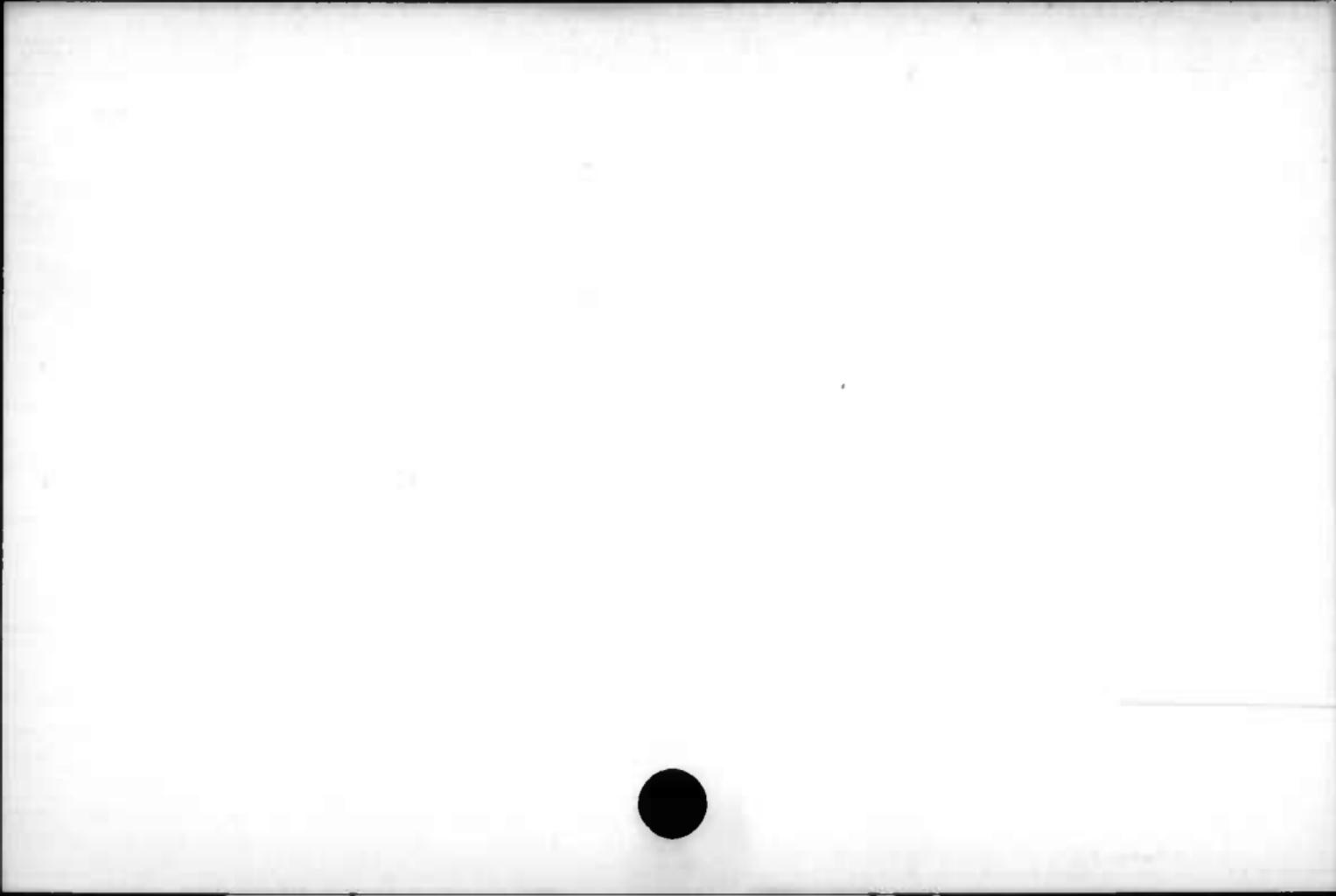
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician

Address

*H. J. Bryant
Milwaukee
Md.*

Accident or Suicide?



Name
in
Full

Ellen Hebron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Nov	Day 22	Age 92	Years	Months — Days —
Sex Female	Color or Race Colored	Occupation —	Birthplace		
Married Single					
Widow					
Name of Wife or Husband —					
Father's Name —				Father's Birthplace —	
Mother's Maiden Name —				Mother's Birthplace —	
Name of person giving Information —				How related to deceased —	
James Cillard 64					
Malford Cillard					
Nancy Brown					
Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphrodisy

How long

11 Year

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

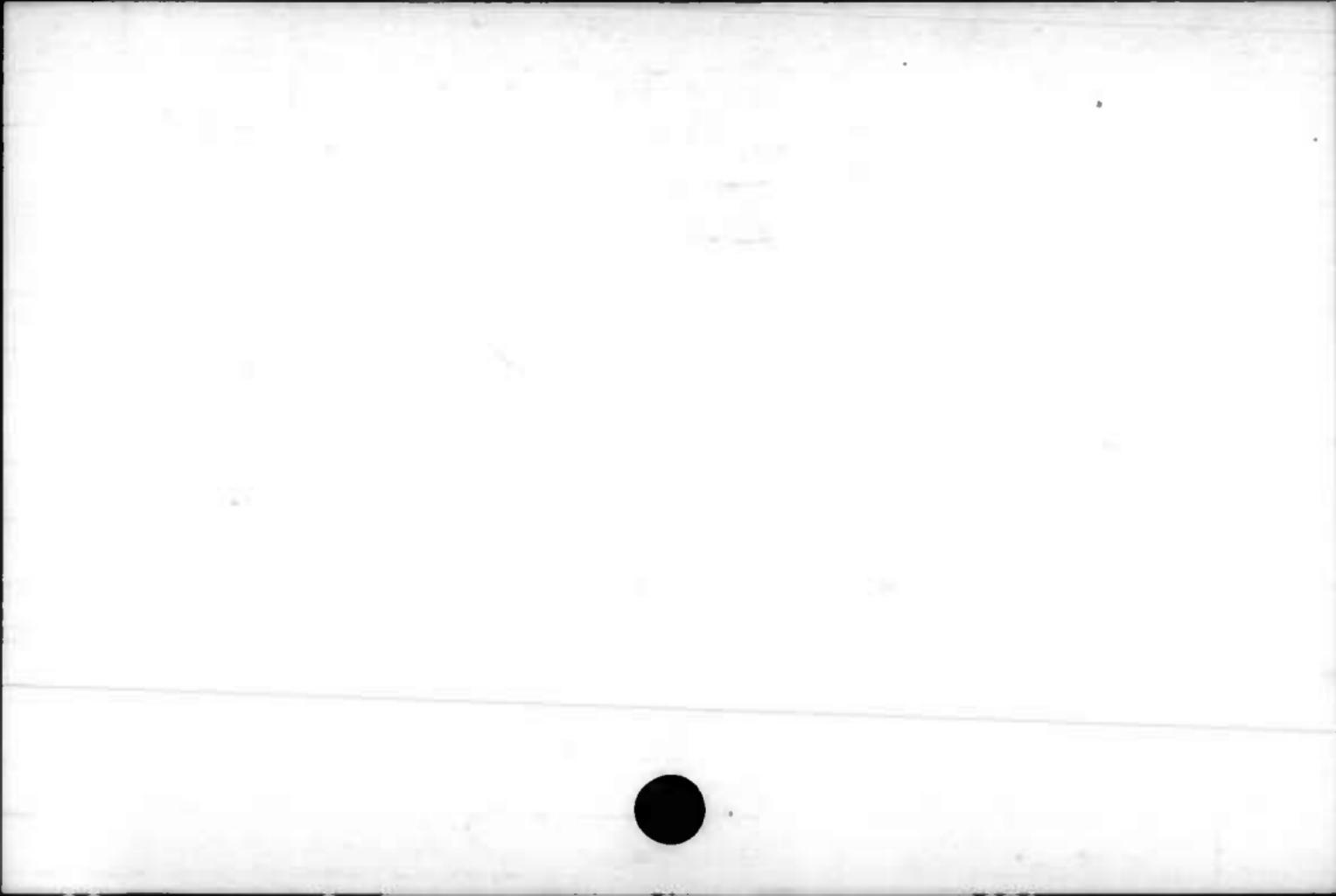
Signature of
Physician

Address

Undertaker

O.S. Horner

Accident or Suicide?



Name
in
Full

Ellen Jane Ireland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Nov	Day 4 th	Years 2	Months 8	Days
Sex Female	Color or Race Colored	Occupation	Atkbs.		
Married, Single or Widowed					
Name of Wife or Husband	90.				
Father's Name Nelson Ireland	Father's Birthplace Atkbs.				
Mother's Maiden Name Matilda Ireland	Mother's Birthplace Atkbs.				
Name of person giving Information	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause of Death: Basillary Bronchitis
How long: Four days
Immediate Cause of Death: Exhaustion
How long: Four days

Are the name, age, sex, color, date
and place correctly given above?

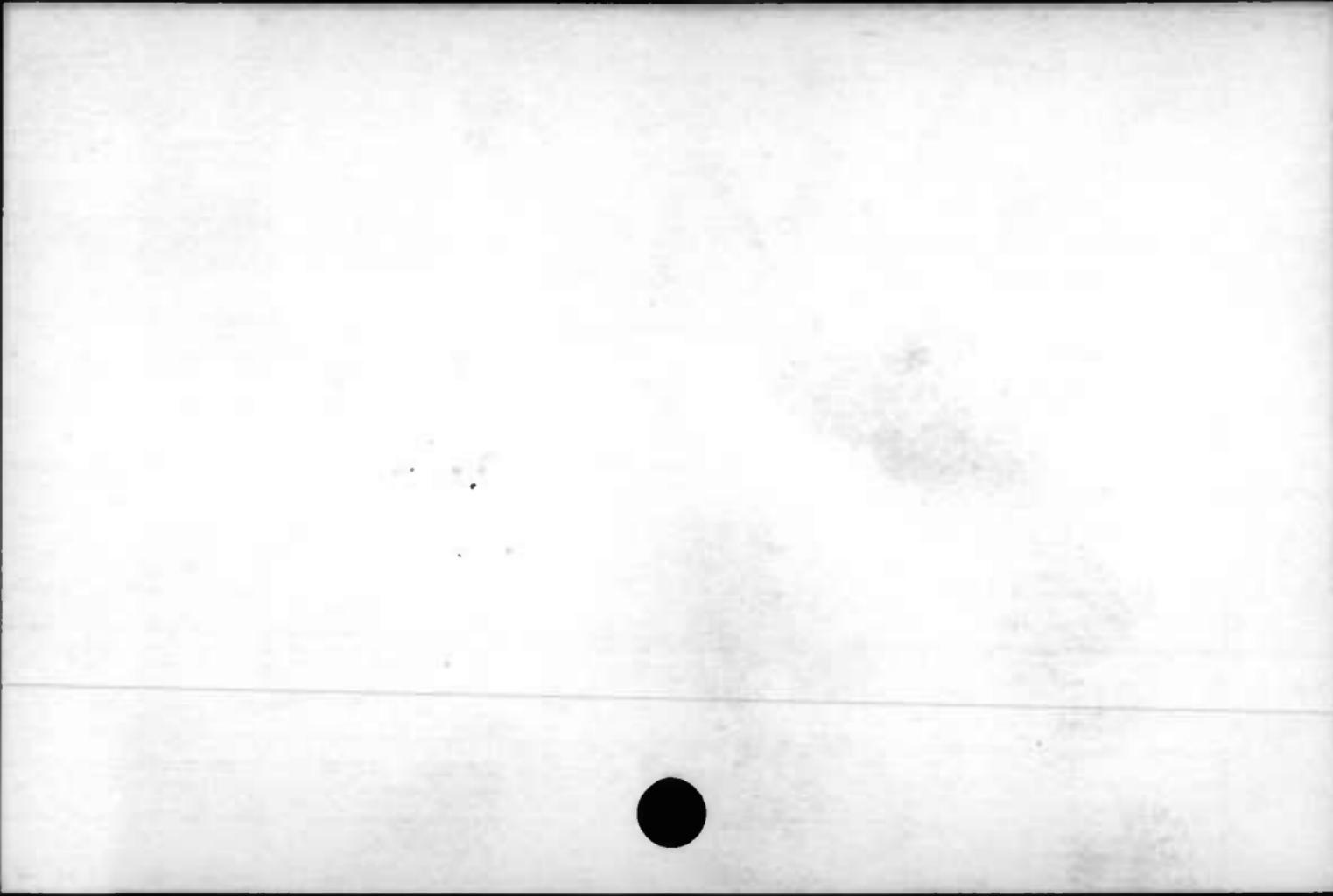
Signature of
Physician

Address

yes

John Ridout M.D.
Annapolis
Md —

Accident or Suicide?



Name
in
Full

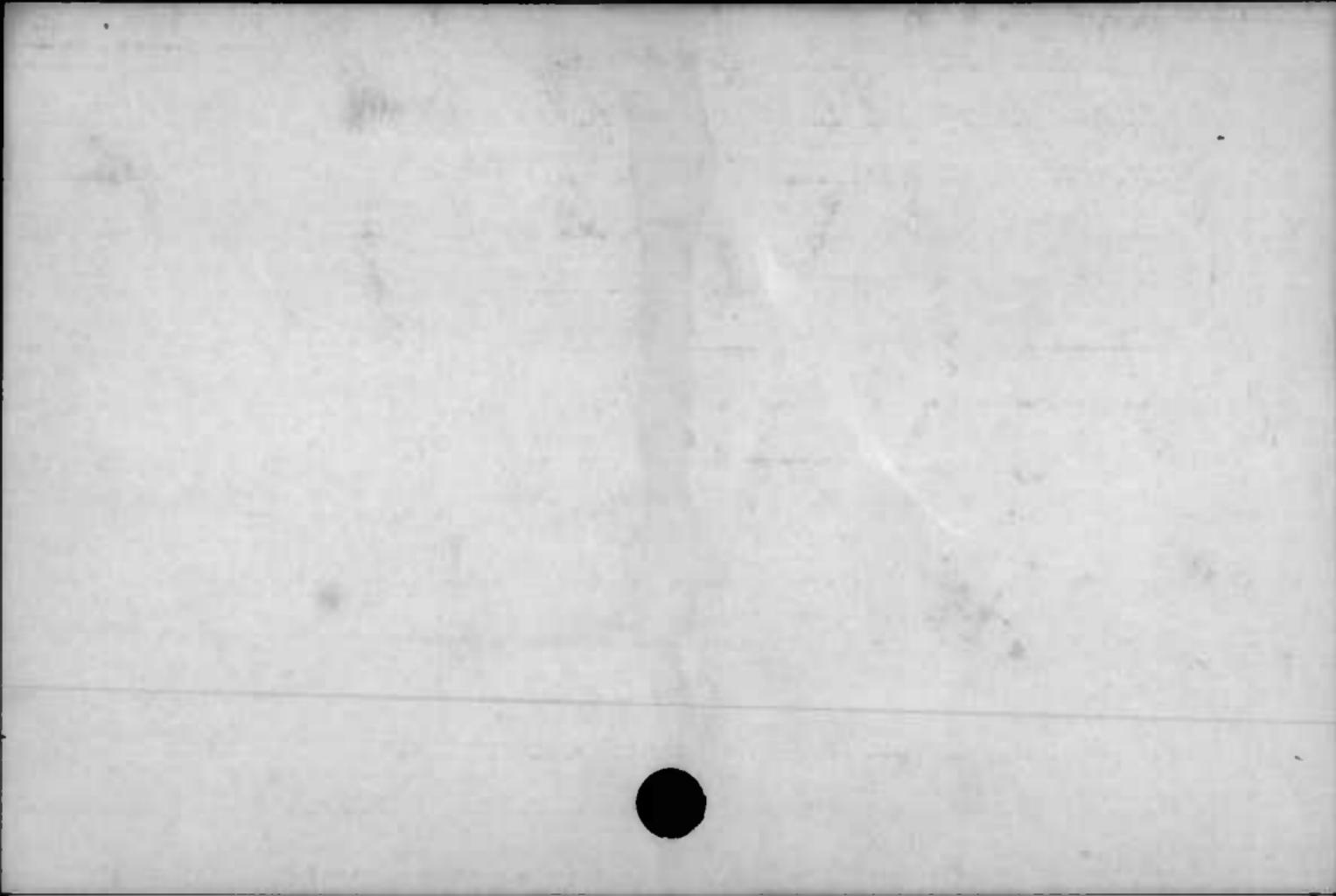
Florrieas Jennings

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name or Wife or Husband	I District -			
Father's Name	Margret Lyding				
Mother's Maiden Name					
Name of person giving information	Joseph Turner				
CAUSES OF DEATH					
Primary	Senility			How long	Months
Immediate	Exhaustion			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	John Ridout	
Yes			Address	Annapolis Md	
Accident or Suicide?					

PHYSICIAN
OR CORONER



Name
in
Full

Adeline ~~Hathaway~~ Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

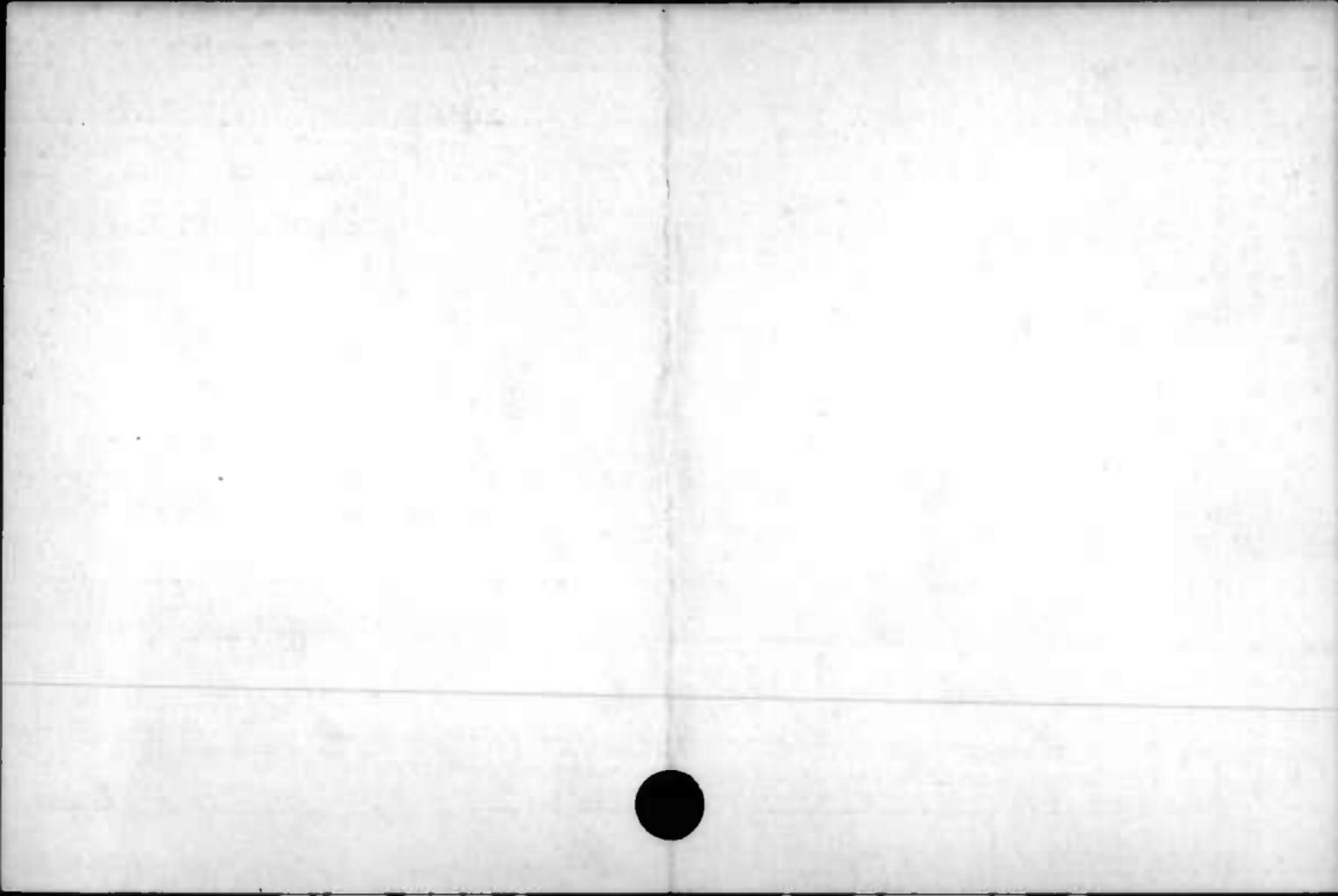
Died at	Town	County	MARYLAND
Date of death 1903	Month November	Day 12 th	Years 55-
Sex Female	Color or Race Black	Birth-place Prince George's Co	Months Days
Married, Single or Widowed	Occupation House Keeper		
Name of Wife or Husband	Molly Johnson		
Father's Name	Caleb Briggs		
Mother's Maiden Name	Eliza birth - Padinana unknown		
Name of person giving Information	Eliza Briggs		
CAUSES OF DEATH			
Primary	Mild Regurgitation		How long one year
Immediate	Heart Failure		How long 8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	

PHYSICIAN
OR CORONER

yes

L. R. Hinleison
Zepridge

Accident or Suicide?



Name
in
Full

Isaac Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Anne Arundel		MARYLAND
Died at Waterbury	County		
Date of death 1903	Month November	Day 2	Years Age about 60
Sex Male	Color or Race Black	Birth-place Anne Arundel Co.	Months ~
Occupation Laborer.	Where Residing if not at place of death near Waterbury	Days ~	
Married, Single or Widowed Married	Name of Wife or Husband Mary Jane Stockton Miller		
Father's Name Henry Miller	179	Father's Birthplace Maryland	
Mother's Maiden Name Priscilla Venner		Mother's Birthplace	
Name of person giving information Mary A. Miller		How related to deceased Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Liver disease

How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

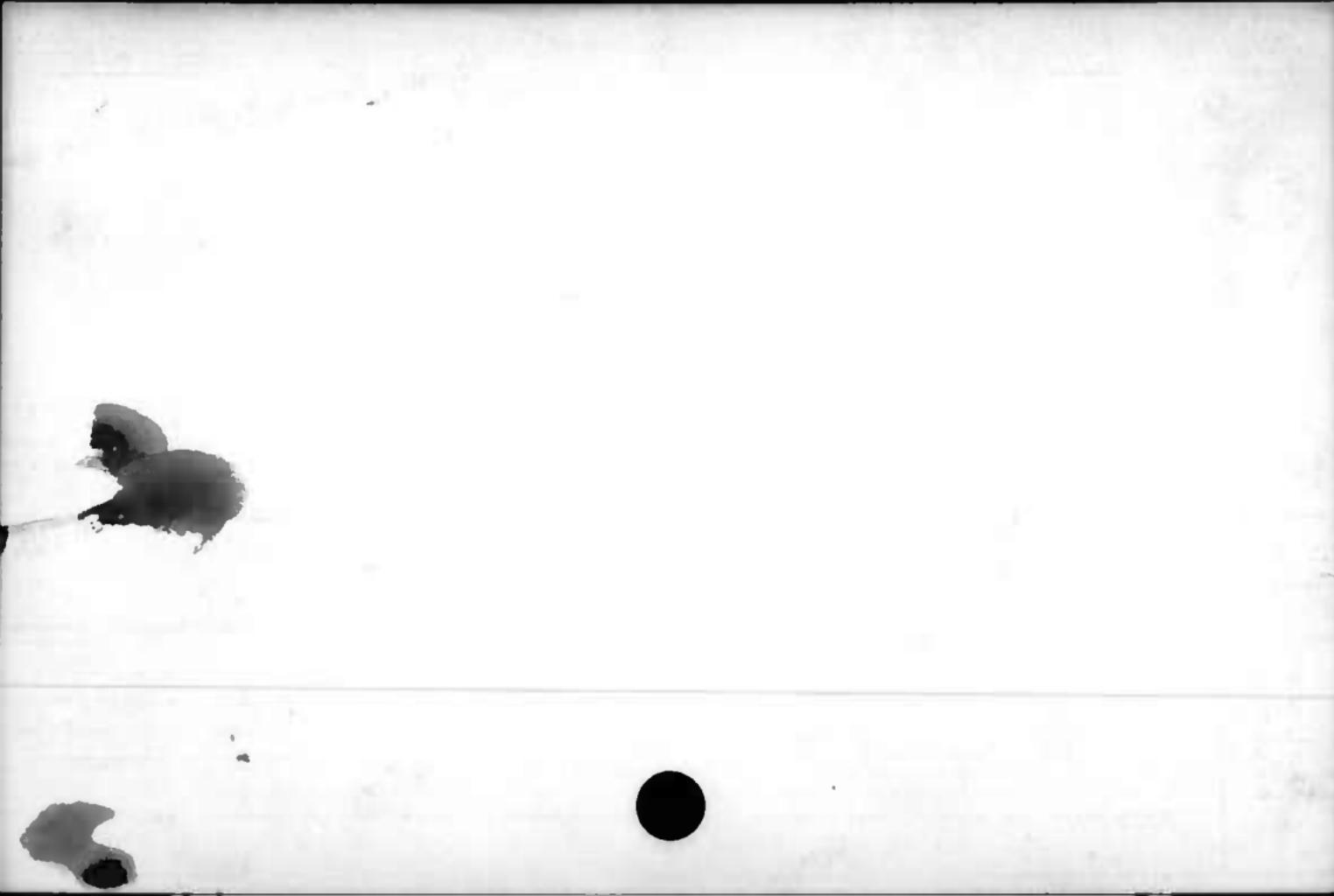
A. B. Garrett

Millersville

Accident or Suicide

Death of the same.

Edgar Acting Coroner Seal Me



Name
in
Full

Eliza Myers

CERTIFICATE OF DEATH

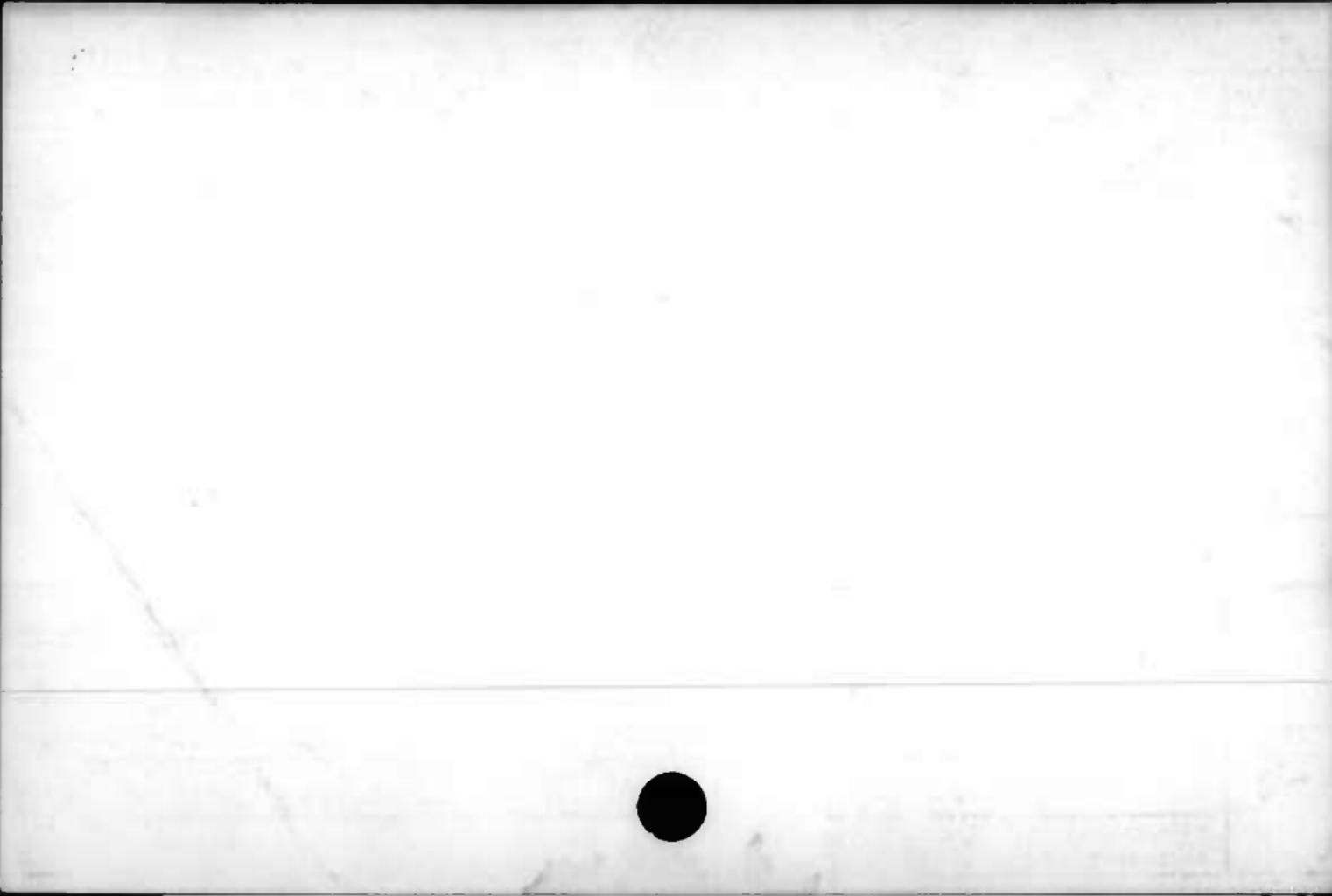
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Baltimore</u> Town		County <u>Anne Arundel</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>11</u>	Day <u>30</u>	Years <u>25</u>	Months <u>8</u>	Days <u>10</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Md.</u>				
Occupation <u>House-Wife</u>	Where Residing if not at place of death <u>Baltimore Md.</u>					
Married, <u>Married</u>	NAME OF WIFE <u>Rachel Myers</u>					
Father's Name <u>Thomas O. Pumphrey</u>	Father's Birthplace <u>Ch. Co. Md.</u>					
Mother's Maiden Name <u>Rachel Fleish</u>	Mother's Birthplace <u>Philadelphia Pa.</u>					
Name of person giving information <u>Rachel Pumphrey</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

Primary	<u>Phtisis</u>	How long	<u>6 mrs.</u>
Immediate	<u>Suffocation</u>	How long	<u>3 wks -</u>
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	<u>H. B. Gandy</u>
		Address	<u>Melrose St Milwaukee Wis</u>
Accident or Suicide?			



Name
in
Full

Catherine Norfolk

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband		Samuel Norfolk		
Father's Name	Richard Tratt		Father's Birthplace			Calvert Co
Mother's Maiden Name	Stallings		Mother's Birthplace			Calvert Co
Name of person giving information	Samuel Norfolk		How related to deceased			Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis
Exhaustion

How long

12 Months

Immediate

Yes

How long

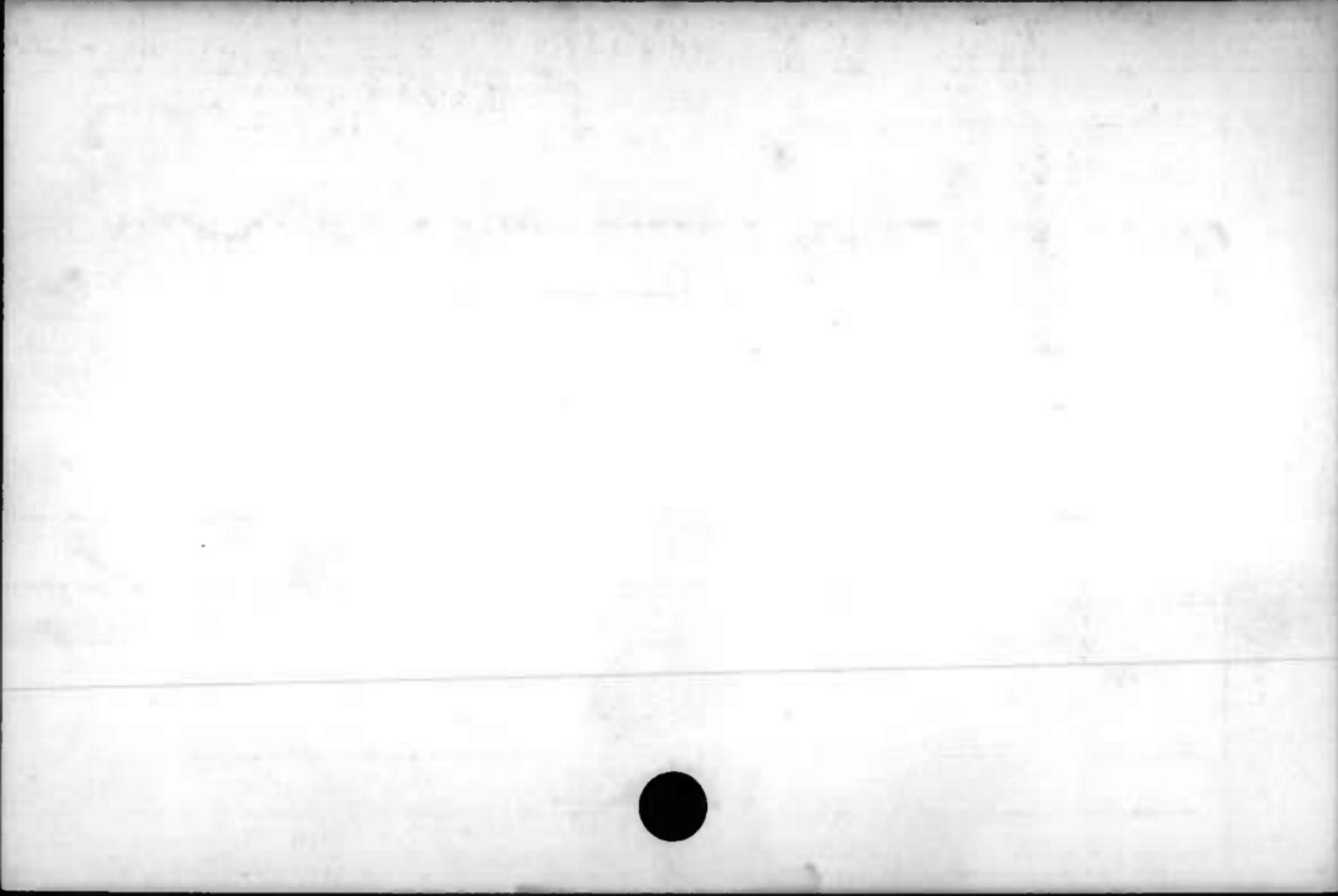
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J L Mayhew
Friendship
Md

Accident or Suicide?



Name in Full

James Ridgely

Certificate of Death

Died at	Town	County	MARYLAND
Date 1903	Month	Day	Y. M. D.
11. 26	Age	17.	Native of
Male	White	Married	Widow
Female	Colored	Single	Widower
Husband of	<u>Wm Ridgley</u>		
Wife	<u>Mary Johnson</u>		
Father's Name	Primary	Mother's Name	
Cause of Death	Gun shot wound in neck Sudden		
Death	Immediate	How long sick	
Reported by	E. D. Joyce Justice & Plan Seal		
Address	Mullen's office Acting Coroner.		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

The undertaker was R. J. Williams
of Waterbury, Md.

Attended by Dr. H. B. Gault -
of Milwaukee, Md.

Information contained in this certificate re-
ceived from Wm Ridgely
and S. Edward Parker

Name
in
Full

Louise S. M. Scriiba

CERTIFICATE OF DEATH

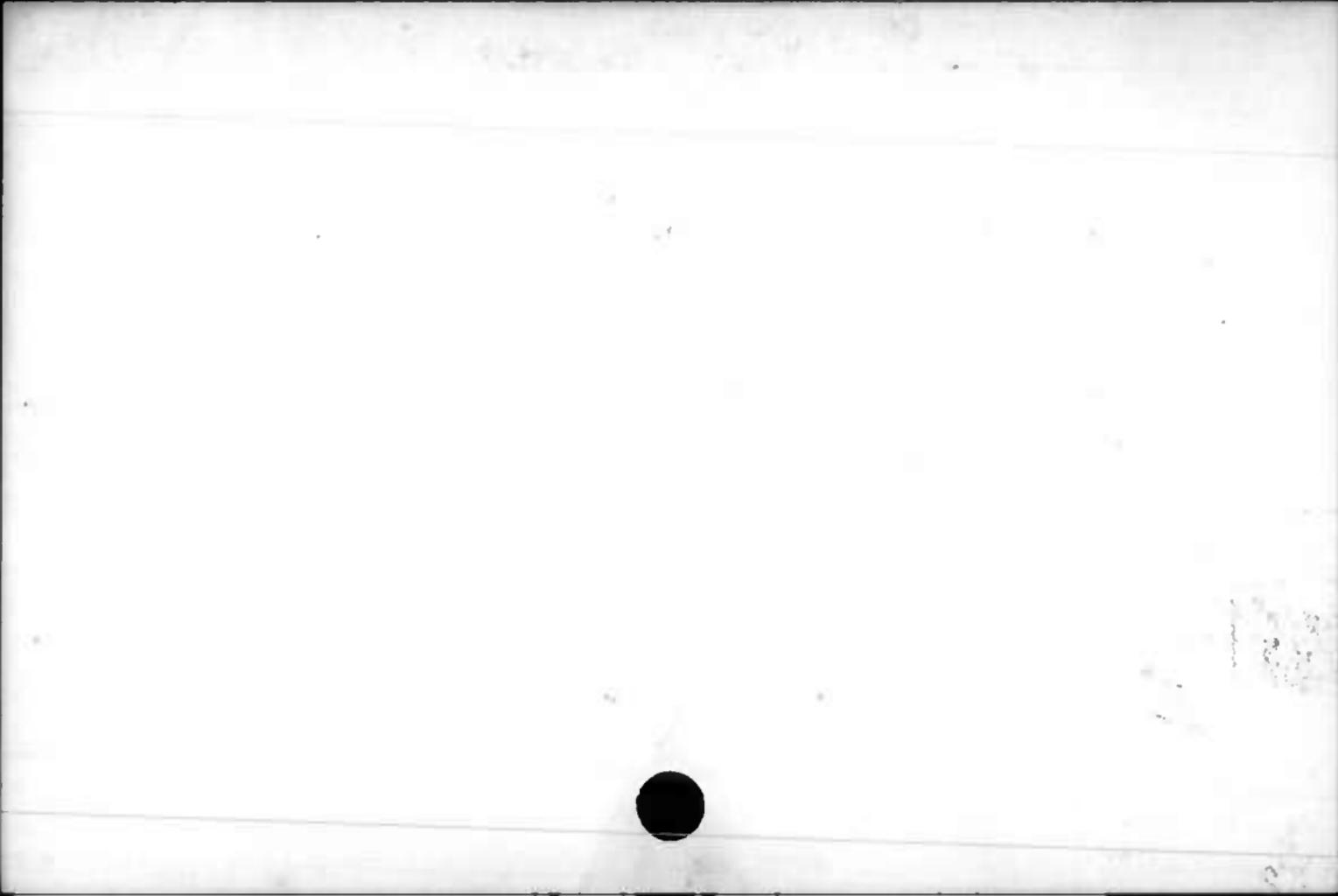
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	—		
Father's Name	Louis Scriiba	II	Father's Birthplace	Germany
Mother's Maiden Name	Mari Dachrader		Mother's Birthplace	Germany
Name of person giving information	Louis Scriiba		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Infantile Convulsions	6 hours
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	J. P. Norton M.D.
Address	So. Balt. Md.
Accident or Suicide?	—



Name
in
Full

Thomas Simmons

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Sudley Town County A. A.
Date of death 1903 Month Day 6 Years 14 Months Days
Sex male Color or Race White Birth-place Sudley
Occupation

Where Residing if not
at place of death

Married Single
or Widowed

Name of Wife or
Husband

Father's Name

Thomas Limmons 85

Father's Birthplace

A. A. Leo, Md.

Mother's Maiden Name

Ida Grandell

Mother's Birthplace

A. A. Leo, Md.

Name of person giving
Information

Thomas Limmons

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heavy lifting

How long

Immediate

Internal hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

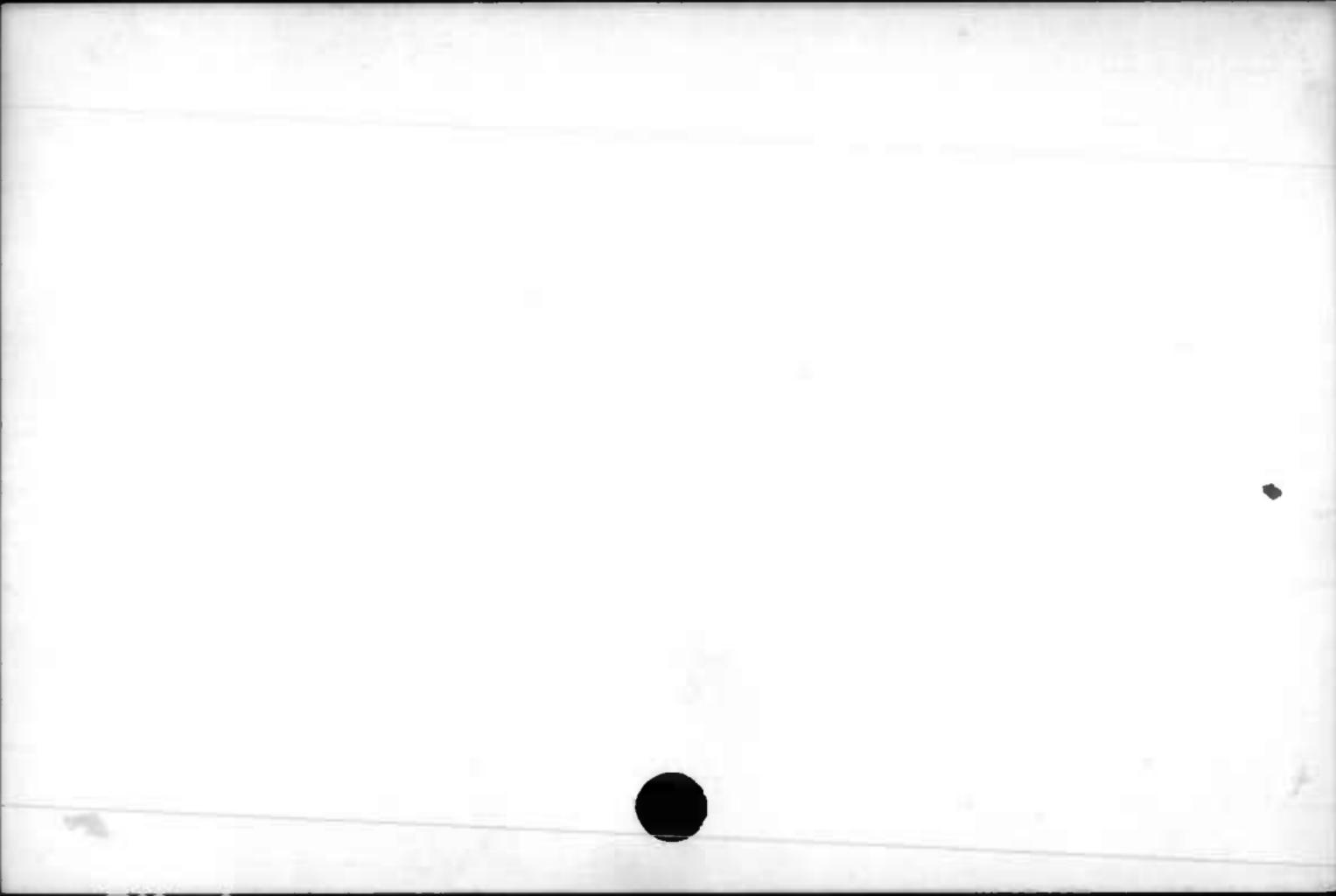
Geo. S. Dent-

Address

Churchton

Md

Accident or Suicide?



Name
in
Full

Mary Smith

CERTIFICATE OF DEATH

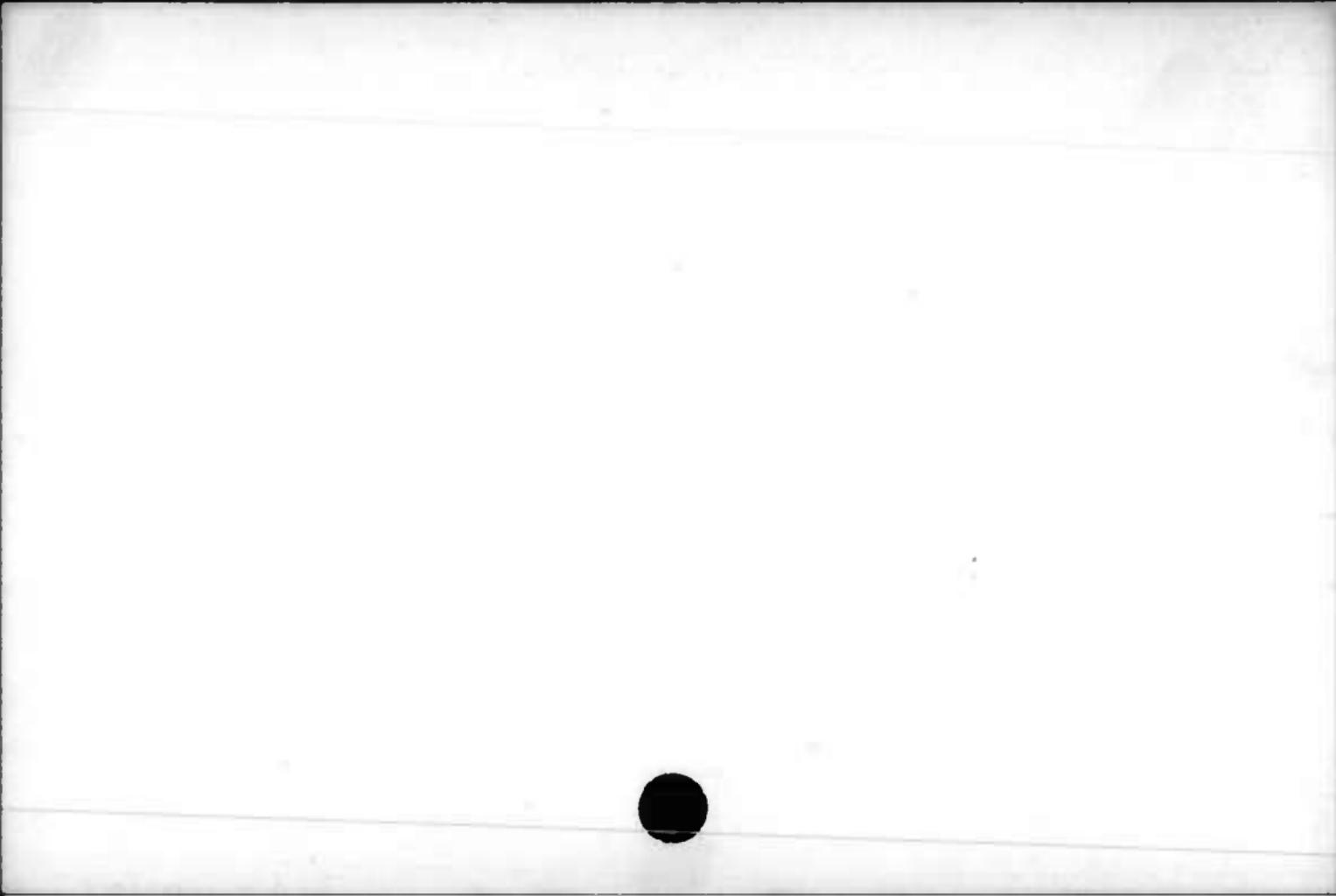
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Birth- place	Anne Arundel Co.
Housewife				South River	
Married, Single or Widowed	Name & Title or Husband	45			
Father's Name				Father's Birthplace	
Mother's Maiden Name	Sophie Brown				Mother's Birthplace
Name of person giving Information	Virgil Smith			How related to deceased	A.C. Co.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer		How long
Immediate	Exhaustion		3 yrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long
		John Collinson	
		Address	South River
Accident or Suicide?			Not.



Name
in
Full

Elsie Alice Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	At		
Date of death 1903	Month Nov	Day 6 th	Years 55	Months	Days
Sex Female	Color or Race Colored	Occupation Midwife	Birth-place Md.		
Married, Single or Widowed Married	Name of Wife or Husband Jeremiah Snowden				
Father's Name — Dorsey	Father's Birthplace Md.				
Mother's Maiden Name — Dorsey	Mother's Birthplace Md.				
Name of person giving Information Rose Taylor	How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Abscess		How long Months
Immediate	Asthma		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout	Address
Yes		Annapolis Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Roman Stryjenski

Town	Died at E. Brooklyn A			Count	MARYLAND	
Date of death 190	Month 3	Day 11	Age 4	Years	Months 3	Days 1
Sex Male	Color or Race White	Occupation	Birth-place Balti			
Married, Single or Widowed Single	None					
Name of Wife or Husband	Sigmund Stryjenski 15					
Father's Name	Sigmund Stryjenski			Father's Birthplace Poland		
Mother's Maiden Name Josephine Kalivinska				Mother's Birthplace Poland		
Name of person giving information Sigmund Stryjenski				How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus -	How long	2 months
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. Josephson
		Address	230 S. Bond St., Balt.
Accident or Suicide?			



Full

General George Hume Stewart

CERTIFICATE OF DEATH

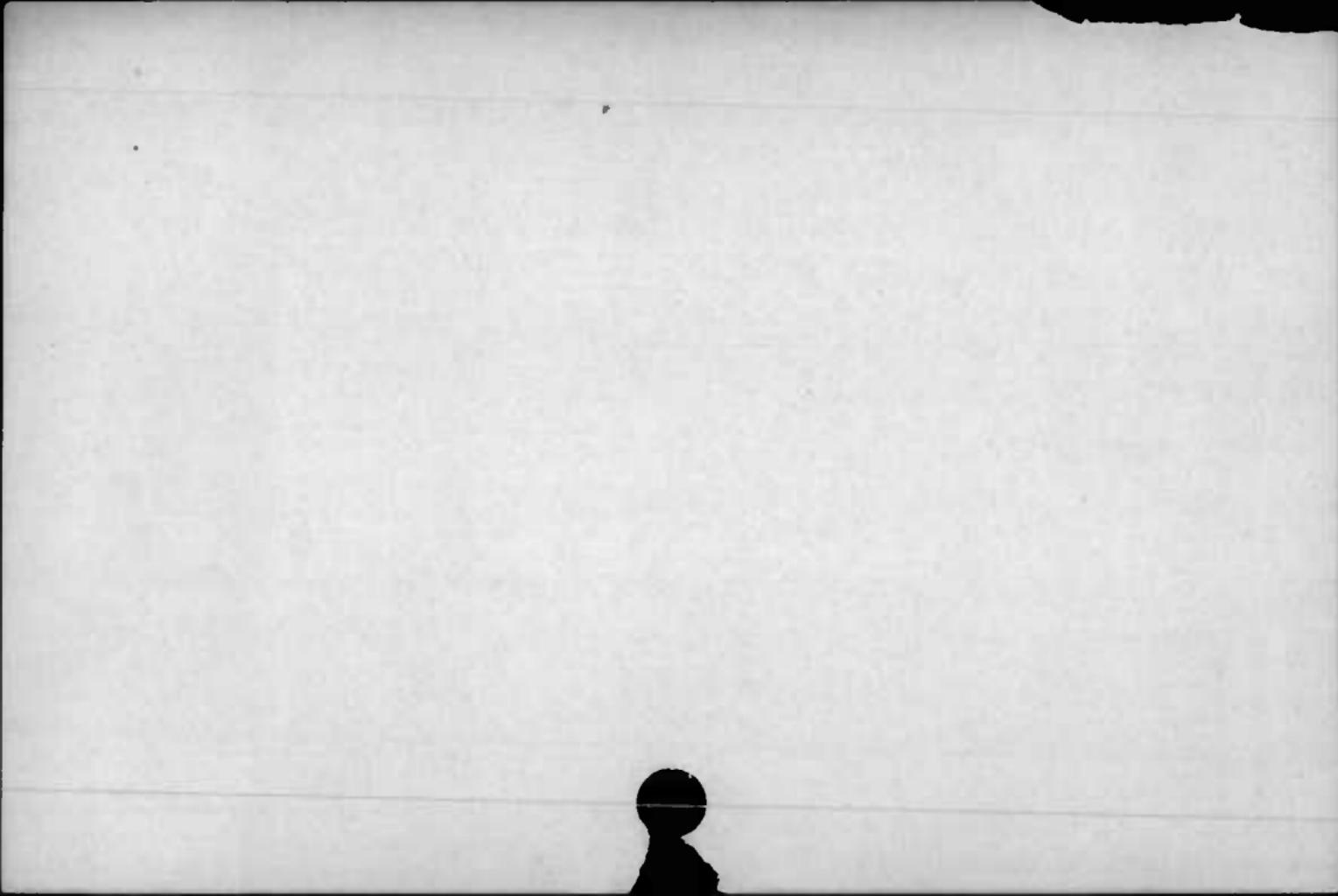
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Mt. Stewart		County	Anne Arundel Co.		
Date of death	Month	Day	Years	Months	Days	
1903	Nov.	22	75-	Two	29	
Sex	Male	Color or Race	White	Birth-place	Baltimore, Md.	
Occupation	Farming		Where Residing if not at place of death	At Mt. Stewart		
Married, Single or Widowed	Widowed	Husband or Wife or Husband	Maria H. Stewart.			
Father's Name	General George H. Stewart Sr.					
Mother's Maiden Name	Ann Jane Edmundson					
Name of person giving information	James E. Stewart					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastric Ulcer		How long	6 months
Immediate	Hemorrhage		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Collinson	
yes		Address	South River Md.	
Accident or Suicide?				



Name
in
Full

Reginald Barnes Tucker

CERTIFICATE OF DEATH

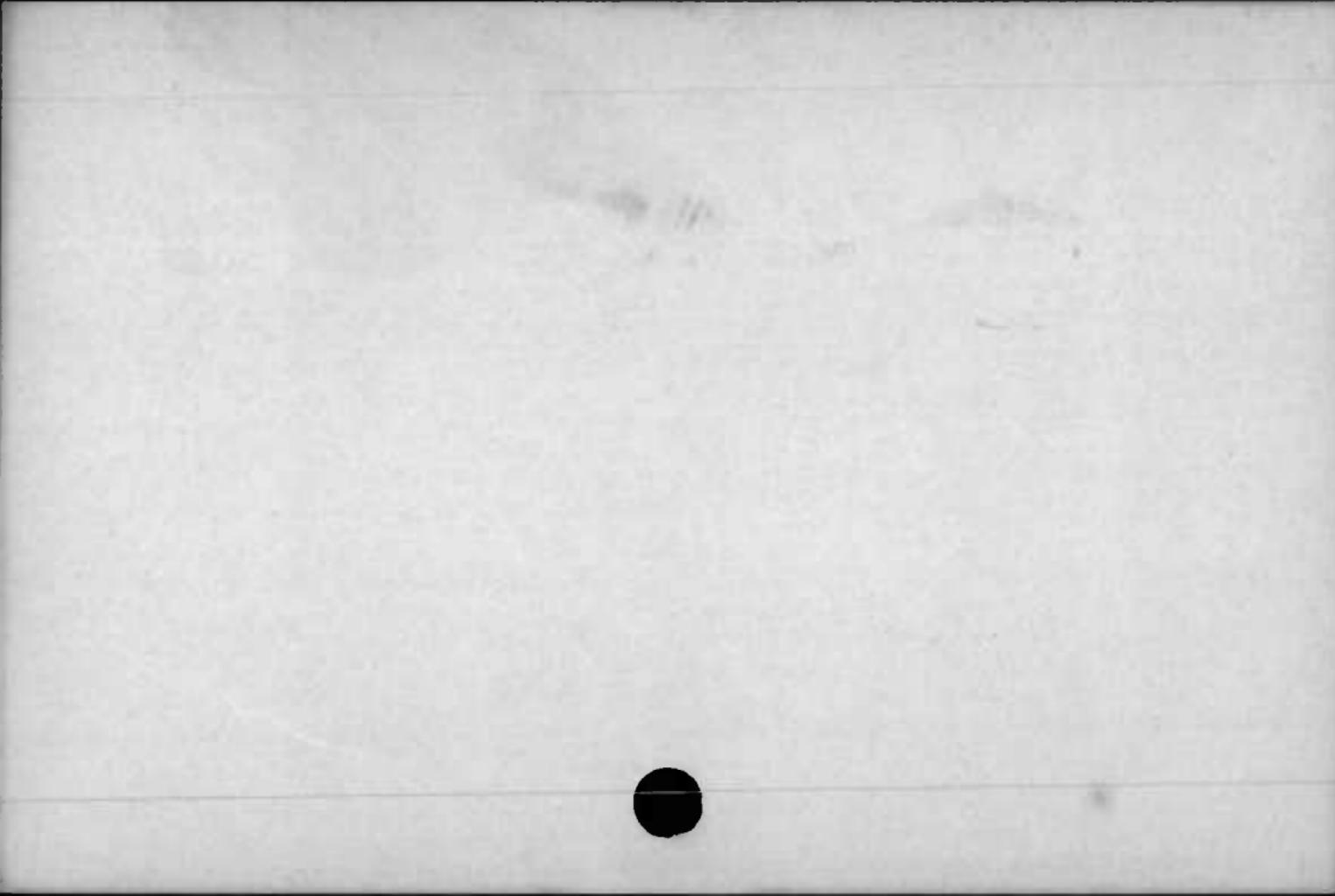
To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND			
Died at Camp Circle	Anne Arundel						
Date of death 1903	Month Jun	Day 18	Years 5	Months 6	Days -		
Sex Male	Color or Race White	Birth-place Parole, Parole					
Occupation -			Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	J. W. Tucker		Father's Birthplace Adair				
Mother's Maiden Name	L. L. Barnes.		Mother's Birthplace Philadelphia				
Name of person giving Information	R. S. Barnes		How related to deceased Uncle				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Laryngeal Diphtheria	How long	11 days
Immediate	Same	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. Lewis Claude M.D.
		Address	9 St. John St. Annapolis, Md
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

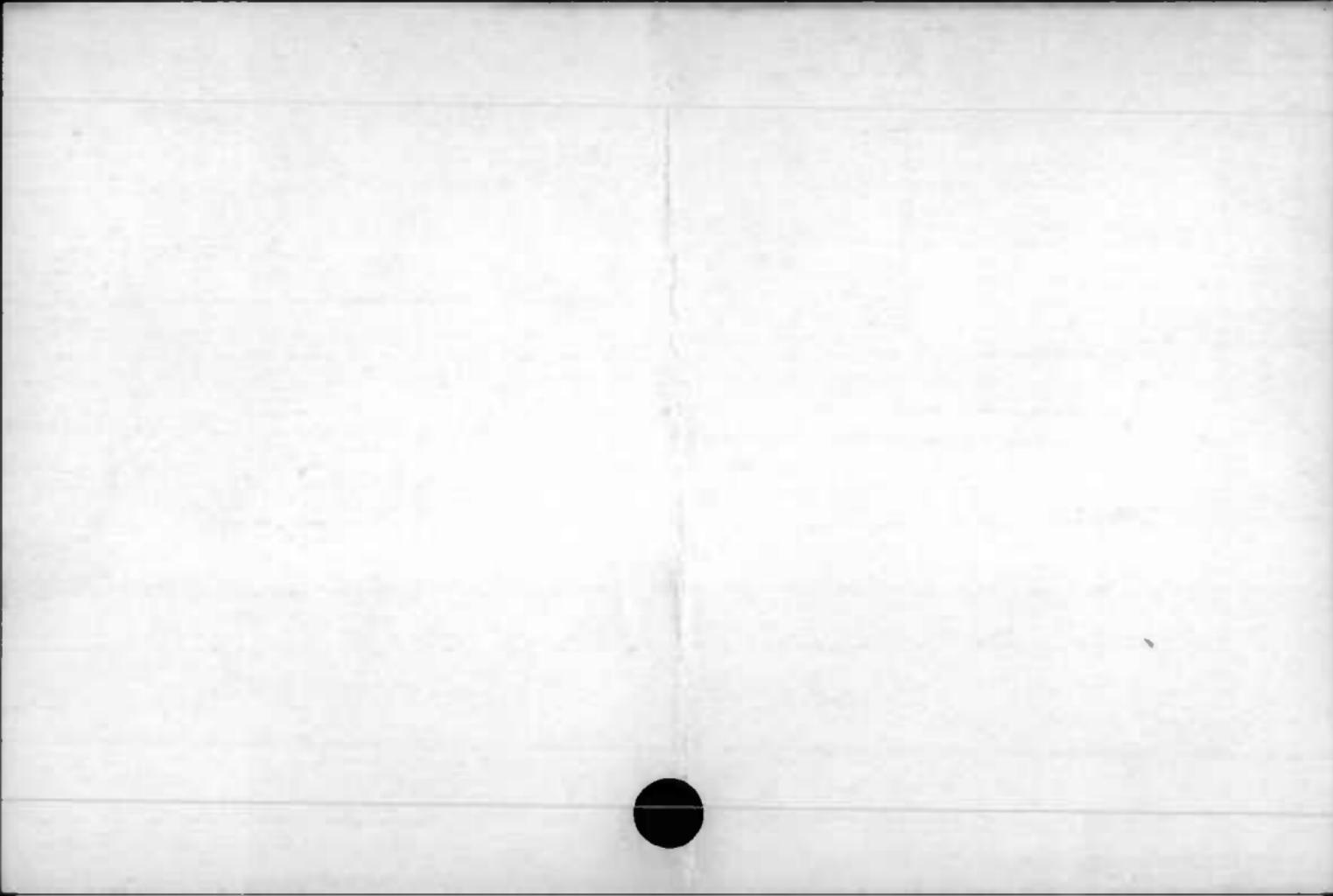
Ward

Died at <u>Iglehart</u> Town <u>Anne Arundel</u> County				CERTIFICATE OF DEATH		
Date of death 1903	Month No.	Day 27	Age	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Iglehart's</u>				
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name <u>Samuel Ward</u>				Father's Birthplace <u>A.A. 60-</u>		
Mother's Maiden Name <u>Lola E. Tivier</u>				Mother's Birthplace	" "	
Name of person giving information <u>Lola E. Ward</u>				How related to deceased	<u>Mother</u>	

179

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary <u>Unknown. Did not see</u>	How long <u>2 days-</u>
Imperial <u>The child until after death. Natural cause</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. Bryant.</u>
	Address <u>Millersville</u>
Accident or Suicide?	<i>MD</i>



Earl Ward

Town

Sudley

County

aa

MARYLAND

Died at

Data 1903

Nov

Month

11

Day

Y.

M.

D.

Native of

U.S

Occupation

Male

White

Age 1-2-
Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's

Maiden Name

Kate Hall

How long sick

2 days

Accident, Suicide, Homicide

Primary Cerebro-Spinal meningitis

Immediate Convulsions

Issey Walter Ratiner



West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Edward D Wheaton

CERTIFICATE OF DEATH

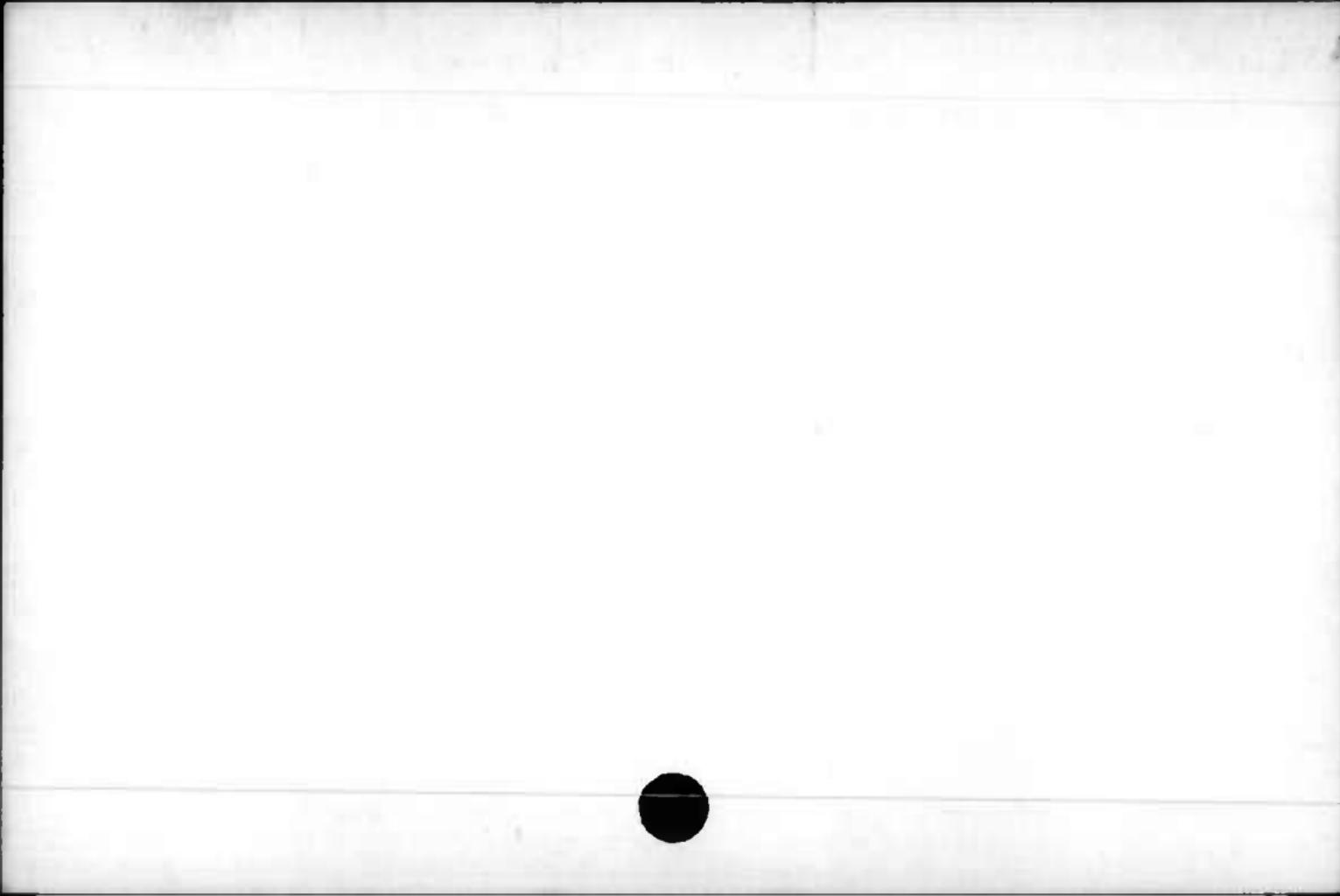
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation	Name of Wife or Husband				
Married, Single			Father's Name	Nova Scotia	
Mother's Maiden Name	Mary E. Cowell		Mother's Birthplace	Nova Scotia	
Name of person giving information	E. D. Wheaton		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lung		How long	3 years
Immediate	Heart Failure		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John B. Horton M.D.	
		Address	So. Batt - Md -	
Accident or Suicide?	<u> </u>			



Name
in
Full

Rachel Ann Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Jessup		County	Anne Arundel	
Died at	Month	Day	Age	Years	Months
Date of death	190	11	7	46	—
Sex	Female	Color or Race	Colored	Birth-place	Va.
Occupation	Housewife				
Married, <input checked="" type="checkbox"/>	Name of Wife or Husband	Where Residing if not at place of death			
Father's Name	Rodolphus Williams				
Mother's Name	Cupid Blue				
Name of person giving information	Catharine Blue				
	Aosa Culver				
	20				
	Va				
	Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic nephritis		How long	2 yrs
Immediate	uraemic coma		How long	Seven hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	R.A. Hammond
			Address	Jessup Md
Accident or Suicide?		no		

